

MILEAGE REIMBURSEMENT REQUEST

Please note only mileage beyond the distance normally traveled to the workplace is allowed {WC Rule 12(b)(1)}. In other words, if you regularly commute 25 miles ROUND-TRIP to work each day, only mileage above that amount will be reimbursed.

| Date/ Time of Visit | Who/Where VISITED (Official Name) | Traveled FROM (City/Town) | Traveled TO (City/Town) | MILEAGE (Round-trip) | Less mileage traveled to the workplace (Round-trip) | Reimbursable mileage |
|------------------------------|---|---------------------------------|----------------------------|-------------------------|--|-------------------------|
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NAME _____ WC Claim # _____

Home Address _____

Worksite Address _____

I hereby affirm that all mileage listed above was for travel required for treatment or examination regarding a valid worker's compensation claim.

SIGNED _____ Dated _____